

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	CM	71632	7/27/00
RESPONSE FORMALITY REVIEW		71632	10/31/00

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
— (Through numeral)	Canceled	A	Appeal
:	Restricted	O	Objected

Claim	Date	Claim	Date	Claim	Date
Final Original		Final Original		Final Original	
1	9/27/00	1		1	
2	9/27/00	2		2	
3	9/27/00	3		3	
4	9/27/00	4		4	
5	9/27/00	5		5	
6	9/27/00	6		6	
7	9/27/00	7		7	
8	9/27/00	8		8	
9	9/27/00	9		9	
10	9/27/00	10		10	
11	9/27/00	11		11	
12	9/27/00	12		12	
13	9/27/00	13		13	
14	9/27/00	14		14	
15	9/27/00	15		15	
16	9/27/00	16		16	
17	9/27/00	17		17	
18	9/27/00	18		18	
19	9/27/00	19		19	
20	9/27/00	20		20	
21	9/27/00	21		21	
22	9/27/00	22		22	
23	9/27/00	23		23	
24	9/27/00	24		24	
25	9/27/00	25		25	
26	9/27/00	26		26	
27	9/27/00	27		27	
28	9/27/00	28		28	
29	9/27/00	29		29	
30	9/27/00	30		30	
31	9/27/00	31		31	
32	9/27/00	32		32	
33	9/27/00	33		33	
34	9/27/00	34		34	
35	9/27/00	35		35	
36	9/27/00	36		36	
37	9/27/00	37		37	
38	9/27/00	38		38	
39	9/27/00	39		39	
40	9/27/00	40		40	
41	9/27/00	41		41	
42	9/27/00	42		42	
43	9/27/00	43		43	
44	9/27/00	44		44	
45	9/27/00	45		45	
46	9/27/00	46		46	
47	9/27/00	47		47	
48	9/27/00	48		48	
49	9/27/00	49		49	
50	9/27/00	50		50	

If more than 150 claims or 10 actions
staple additional sheet here

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